

COMMUNITY INNOVATIONS FOR AGING IN PLACE (CIAIP) FINAL REPORT

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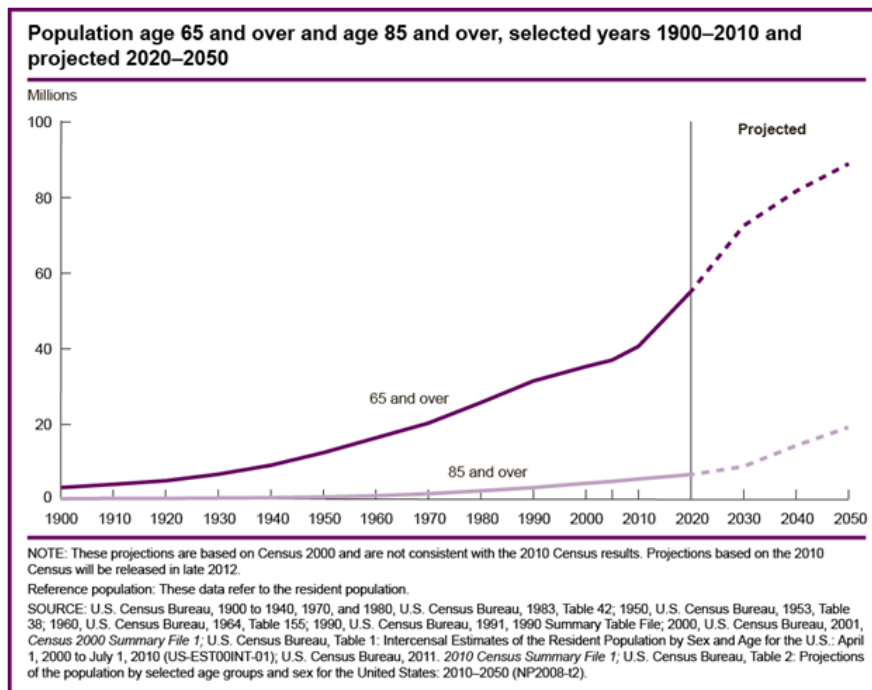
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INTRODUCTION

The Aging Population

According to the U.S. Census Bureau, in 2010 there were 40 million people aged 65 and older in the United States, accounting for 13 percent of the country's total population. Baby Boomers—those born between 1946 and 1964—started turning 65 in 2011 and will add to the older population significantly until the year 2030, when it is projected that 72 million people will be 65 years of age and older, representing nearly 20 percent of the total U.S. population. The 85+ population will grow as well, from 5.5 million in 2010 to 19 million by 2050.

Figure 1



The vast majority (93%) of adults 65 and older in the U.S. live independently in traditional community settings—in private homes, apartment buildings, mobile homes, and so on. Three percent (3%) live in senior housing, assisted living facilities, and similar situations that include access to services, such as meal preparation and housekeeping services. And four percent (4%) live in long-term care facilities, such as nursing homes.¹

Numerous surveys, such as the *Home and Community Preferences of the 45+ Population* survey commissioned by AARP, have found that the vast

1. Federal Interagency Forum on Aging Related Statistics. (June 2012) *Older Americans 2012: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. June 2012

majority of older adults want to “age in place.” In that survey, nearly three quarters of respondents strongly agreed with the statement, “What I’d really like to do is stay in my **current residence** for as long as possible.” The older the respondents, the more likely they were to strongly agree with that statement. Moreover, in the same survey, two-thirds of respondents said they strongly agreed with the statement, “What I’d really like to do is remain in my **local community** for as long as possible.”²

In an analysis of the original cohort in the University of Michigan *Health and Retirement Study* (HRS), a nationally representative database of individuals 51 and older, researchers at the Boston College Center for Retirement Research found that, for individuals ages 51-61 in 1992 to ages 63-73 in 2004, the two-year average move rate was 7% for homeowners and 23% for renters, or 10% for all. Furthermore, the large majority of moves were short distance moves of less than 20 miles away, confirming the AARP survey result that most older adults not only want to, but in fact tend to, either “age in place” or nearby.³

What is Aging in Place?

Use of the term, *aging in place* is becoming more and more common, but its definition is rather fluid. For some, the term is associated mainly with older adults’ housing, for example: *Aging in place is a term used to describe a senior living in the residence of their choice as they age.*⁴

Others expand the definition to include *community and independence* as well as housing: *Aging in place is ...the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.*⁵

Other definitions put the emphasis on a person’s functional abilities, such as: *...having the mental and physical capability of living in one’s own home in old age,*⁶ and having access to services to maintain independence, such as the definition of aging in place as *...living where you have lived for years, not typically in a health care environment or nursing home, using products, services, and conveniences which allow you to remain home as your circumstances change.*⁷

2. Keenan, T.A. (2010) *Home and Community Preferences of the 45+ Population*. Washington, DC: AARP.

3. Haverstick, K. & Zhivan, N.A. (September, 2009) *Older Americans on the Go: How Often, Where, and Why?* Boston, MA: Center for Retirement Research at Boston College, Number 9-18.

4. <http://ageinplace.com/aging-in-place-basics/what-is-aging-in-place/>

5. <http://www.cdc.gov/healthyplaces/terminology.htm>

6. <http://dictionary.reference.com/browse/aging+in+place>

7. <http://ageinplace.com/>

Still other definitions appear to focus on the community's role in supporting older adults' ability to age in place: *Aging in place supports the notion that older persons should be able to maintain a desirable lifestyle by participating in their communities, remaining independent as their health allows, having access to educational, cultural, and recreational facilities, feeling safe, and living in an intergenerational environment.*⁸

Despite the nuanced differences in these definitions, taken together they seem to say that the ingredients necessary for successful aging in place include: Choices in housing, appropriate community-based services and products that help older adults maintain independence, and vibrant communities that support older adults and engage them in community life.

The rapidly increasing population of older adults in the U.S. suggests that there is a need for an expansion in programs and services that are responsive to their priorities and needs. Given the fact that the vast majority of older adults wish to remain in their homes and communities for as long as possible, programs that facilitate aging in place represent a particularly important component of a responsive service system. Innovative solutions that support aging in place can help make communities better places to live for older adults and their families and serve as models that other organizations and communities can adopt and customize for their own particular circumstances.

AoA's History of Supporting Aging in Place Initiatives

For more than 40 years, the U.S. Administration on Aging (AoA)⁹ has served as the effective and visible advocate for older Americans at the Federal level, while at the same time providing support and guidance to the Aging Services Network. Since the passage of the Older Americans Act in 1965, the Aging Network has grown to encompass an array of state, local, and community organizations and entities responsible for promoting the development of a comprehensive and coordinated system of home and community based services for older people and, most recently, family caregivers. The Network consists of 56 State Units on Aging, 629 Area Agencies on Aging, 246 Tribal organizations, nearly 20,000 community services provider organizations, and 500,000 volunteers. The Network

8. <http://www.findaforeclosurecounselor.org/network/comstrat/agingInPlace/default.asp>

9. In 2012, the U.S. Department of Health and Human Services (HHS) created a new operating division, The Administration for Community Living (ACL). The ACL is the umbrella organization under which the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability are housed and serves as the Federal agency responsible for increasing access to community supports while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan. For additional information about ACL, go to: <http://www.acl.gov/index.aspx>

reaches into every community and plays a key role in delivering services and supporting consumer-centered systems of care to some of the most vulnerable members of society.

AoA has also provided funding to various community organizations to develop innovative ways of supporting seniors as they age in place in various settings, such as apartment buildings and neighborhoods with a large percentage of households headed by older adults. For Federal fiscal years 2003 through 2008, more than \$22 million in Federal funds, with a match exceeding \$7 million, were used to establish more than 40 supportive services programs for older adults living independently in geographically defined residential areas and building complexes (i.e. Naturally Occurring Retirement Communities or NORCs). An additional \$1.5 million was allocated for similar programs in FY-2009. The purpose of the NORC supportive services programs was to enable:

- Older adults living in residential communities to continue living independently as they age.
- Promote healthy behaviors through exercise, recreation, socialization, and educational and culturally appropriate activities.
- Identify needs of at-risk seniors, facilitate access to existing community and government resources, and fill gaps in available supportive services.

In 2005, AoA sponsored a competition to honor some of the country's most livable places for seniors. For the competition, AoA defined livable communities as cities and counties that have successfully taken specific actions to make significant improvements in the following six key areas:

- Affordable/accessible housing
- Affordable/accessible transportation
- Accessible built environments
- Work, education, and volunteer opportunities
- Access to health and supportive services
- Citizen participation in civic and cultural activities

In addition to honoring the efforts of seven winning communities, the competition served to help answer the questions, *What makes a community "livable" for people across the life span?*, and *How can communities meet the needs of residents who have invested a lifetime in a place and want to grow older in their own homes?*

The Community Innovations for Aging in Place (CIAIP) grant initiative builds on these previous efforts implemented by AoA and contributes additional knowledge about models that support aging in place.¹⁰

The Community Innovations for Aging Place (CIAIP) Initiative

Background

The Community Innovations for Aging in Place initiative, funded by the U.S. Administration on Aging (AoA) from 2009 to 2012, provided an opportunity for organizations around the country to test strategies to facilitate aging in place for older adults in their communities. They each took a different path based on the particularities of their communities and older adult populations, but they faced many similar challenges and had a number of common lessons learned. This report summarizes grantee accomplishments, the challenges they faced, and the lessons they learned in trying to ensure that older adults in their communities have access to the resources they need to successfully age in place.

History

In 2009, AoA issued a Funding Opportunity for this new initiative. Potential applicants were told that grants would be awarded on a competitive basis to eligible entities¹¹ and that funds made available through the grant were to be used to:

1. Ensure access by older individuals in the project area to community-based health and social services consisting of:

- Case management, case assistance, and social work services
- Health care management and health care assistance, including evidence-based disease prevention and health promotion services
- Education, socialization, and recreational activities

- Volunteer opportunities for project participants

10. See 42 U.S.C. 3033 for complete statutory authorization for this grant project http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp#

11. "Eligible entities" were defined as any nonprofit health or social services organization; faith-based community organizations; community-based nonprofit organizations; area agencies on aging; local government agency; or tribal organization that can demonstrate a record of and experience in providing or administering group and individual health and social services for older individuals. In addition, the Funding Opportunity specified that applicants must cover at least 15% of the project's total costs with non-Federal resources.

2. Conduct outreach to older individuals within the project area
3. Develop and implement innovative, comprehensive, and cost-effective approaches for the delivery and coordination of community-based health and social services for eligible older individuals
4. Cover travel expenses of two project staff to attend a meeting of grantees in Washington, DC in the second year of the project

In their proposals, potential applicants were also directed to:

- Conduct a needs assessment that outlines current services available to promote aging in place, identify gaps in services, and include a plan to avoid duplication of services
- Describe current capacity and future intent to collaborate with various partners to accomplish the goals and objectives of the project. Suggested partners included Aging and Disability Resource Centers (ADRCs), area agencies on aging (AAAs), private agencies and businesses that provide health and social services, housing entities (including local Public Housing Authorities), community development organizations, philanthropic organizations, foundations, and other non-Federal entities
- Consider data measurement, collection, reporting, and evaluation methodologies as AoA is particularly interested in funding innovative performance models that can demonstrate successful outcomes and that may be replicated by other organizations
- Outline a sustainability plan to continue the project once Federal funding is no longer available

In addition, the Funding Opportunity announced that a cooperative agreement would be awarded, on a competitive basis, to an eligible technical assistance (TA) provider¹² that would support the CIAIP grantees in developing and carrying out model aging in place projects. The Technical Assistance Grantee (TAG) was responsible for:

12. Eligible applicants for the Technical Assistance Grant (TAG) were nonprofit organizations that had experience and expertise in providing technical assistance on a national basis to entities serving older adults; had knowledge of and expertise in community-based health and social services and aging in place models of supportive services and in evaluating and reporting on programs.

- Generally assisting the AoA in implementing the CIAIP project and sharing information with AoA, the Aging Network, and the public at large
- Responding to CIAIP grantees' requests for technical assistance as they pertain to delivery of health and social services and development of overall project activities
- Providing technical guidance and expertise in the development of evaluation and outcome measurement to each CIAIP grantee and evaluating the impact of overall project activities

As this was a competitive grant process open to many types of community based organizations, the AoA received over 200 proposal submissions, more than the agency had ever received in response to a grant opportunity. Proposals went through a review process, and in the end 14 community organizations from around the country and one technical assistance provider were awarded grants.

Table 1 shows: 1) The 14 CIAIP grantee organizations; 2) the names of the grantees' projects; 3) the grantee organizations' locations and the locations of their CIAIP projects (in some cases these are different); 4) the type of **CIAIP Grantees**

Atlanta Regional Commission, Atlanta, GA
Boston Medical Center, Boston, MA
Catholic Charities, Kansas City, MO
Catholic Charities, Stockton, CA
City of Montpelier, VT
The Coordinating Center, Millersville, MD
Easter Seals New Hampshire, Inc., Manchester, NH
Family Eldercare, Austin, TX
Jewish Family Service of New Mexico, Albuquerque, NM
L.A. Gay and Lesbian Center, Los Angeles, CA
Mt. Sanford Tribal Consortium, Gakona, AK
Neighborhood Centers, Inc. Bellaire, TX
New York City Department for the Aging, New York, NY
Supportive Women's Network, Philadelphia, PA
Center for Home Care Policy & Research, VNSNY (TAG)

community where the grantee's CIAIP project(s) took place (i.e. urban, suburban, rural); and 5) principal partners for the grantees' CIAIP projects.

The Technical Assistance Grantee (TAG)

The TA grant was awarded to the Center for Home

Care Policy and Research (CHCPR) of the Visiting Nurse Service of New York (VNSNY), located in New York City. CHCPR staff members have had a long history of working with communities around the country using the AdvantAge Initiative, a method that CHCPR developed to help communities

assess and improve their “elder friendliness” (see www.advantageinitiative.org). In addition, AoA had contracted with CHCPR to implement the livable communities competition described above.

Figure 2 shows the Technical Assistance Framework that the TAG developed to guide its work. The [CIAIP TAG Team](#) consisted of a core group of CHCPR staff members, who managed the project overall, and a group of consultants with expertise in program development, community participation, evaluation, communications, partnerships, and sustainability issues, who worked with CHCPR to provide technical assistance using a variety of methods, including:

- *In person.* Site visits and meetings at national conferences, such as the annual American Society on Aging (ASA) conference and the CIAIP grantee meeting in Washington, D.C. In all three years of the program, TAG Team members made presentations at the ASA conferences with selected CIAIP grantees and used that opportunity to provide in-person assistance to grantees attending the meeting.
- *By telephone, individually.* Grantees had open access to TAG Team members and were encouraged to call with questions and/or requests for assistance from either TAG Team members or other experts suggested by the TAG. In addition, the TAG conducted periodic “check-in” calls with grantees to follow their progress and address any assistance needs they had.
- *By telephone, collectively.* The TAG Team convened monthly or bi-monthly conference calls with all grantees on a variety of topics, led by TAG Team members, invited presenters, and grantees themselves.
- *Electronically:* The TAG Team created two websites for the CIAIP project, one open to the public, the other password protected for CIAIP grantees only. Tools and resources were routinely uploaded to the grantee website, which also included a blog and chat room for grantees. Many of these tools and resources were also uploaded to the public website. In addition, the TAG Team regularly alerted grantees about funding opportunities, usually via email.

The TAG Team also kept in regular contact with our AoA program officers to apprise them of grantees’ progress and any issues that came up,

and AoA was very helpful to the TAG by advising the Team and acting as a sounding board for TAG ideas and plans.

A [TAG Advisory Group](#), consisting of distinguished aging experts and AoA staff, served as guides for the TAG, provided valuable feedback and insights at the annual Advisory Group meetings, accompanied TAG members on site visits, and shared their impressions of the CIAIP grantees' work with TAG Team members.

CIAIP Grantee Projects

All of the CIAIP grantee organizations are service providers with varying degrees of involvement and experience in providing services specifically to older adults. For example, for the two AAA grantees (Atlanta and New York City), serving older adults and their families is their core mission, whereas the City of Montpelier grantee provides municipal services to residents of all ages.

Grantees were scattered from coast to coast, with:

- Three grantees in New England (Montpelier, VT; Manchester, NH, and Boston, MA)
- Three in the Mid-Atlantic region (New York, NY; Philadelphia, PA; and Millersville, MD)
- Four in the Southern/Southwestern portion of the U.S. (Houston and Austin, TX; Atlanta, GA; and Albuquerque, NM)
- One in the central U.S. (Kansas City, MO)
- Two on the West Coast (Los Angeles and Stockton, CA)
- One in Alaska (Gakona)

The CIAIP projects were conducted in urban, suburban, and rural settings; in some cases, the projects were conducted in multiple areas, such as the Kansas City project, which took place in urban and rural areas. Of course, from grantee to grantee there is great variation in what the terms urban, suburban, and rural represent. New York City and Manchester are both urban, for example. New York City has approximately 8 million residents; Manchester has just about 110,000. "Rural" in this context could mean the lovely farmland around Montpelier, VT, or true frontier territory, such as the remote villages involved in the Alaska project.

Descriptions of CIAIP Projects

Brief descriptions of the [14 grantee](#) community organizations' projects, as well as supplemental and contact information, can be found on the CIAIP website.

The CIAIP Grantee Framework

As the CIAIP grantee projects were beginning to take shape, and the TAG Team members were traveling to grantee communities for the first round of site visits, TAG Team members began noticing similarities among grantees' perceptions of communities' support systems for older adults (and their gaps), CIAIP project goals, and the strategies they proposed to implement to reach those goals and fill those gaps. Rather than considering the grantees' projects as fourteen separate initiatives, the TAG Team decided to try grouping the projects in various ways to uncover similarities and differences among them. The result of this work is the *CIAIP Grantee Framework*, which can be found in Table 2.

The Framework is intended not only to show the similarities and differences among CIAIP grantee projects, but also to formulate a typology of aging in place programs, which we hope will help others planning to invest in aging in place programs identify where their proposed programs could be situated on the aging in place "map." This is not to say that the five types of programs ("Goals") in the Framework are the only types of aging in place programs. Rather it is a starting point for a comprehensive description of aging in place initiatives, which, we hope, will help better define the term "aging in place" and demonstrate the range of approaches organizations and communities can use to help older adults remain in their homes and communities for as long as they would like.

The Framework can also help organizations explain their projects to potential partners and funders, inform their evaluation plans, and help them see where their own goals and strategies overlap with those of other organizations in their communities and beyond.

The CIAIP Grantee Framework includes five types of aging in place programs with five distinct goals:

- 1) Broad-based community development and planning
- 2) Service provision in settings where older people live and congregate

- 3) Building bridges across program and organizational “silos”
- 4) Mobilizing human and social capital through volunteering and advocacy
- 5) Reaching out to and engaging specific groups of overlooked or disenfranchised older adults

Following are brief descriptions of each of the five types of aging in place programs/goals in the CIAIP Grantee Framework. In Table 2, grantee initiatives are “mapped” onto the Framework, but it is important to note that their initiatives were often multi-faceted and crossed the five program boundaries. For example, the Albuquerque grantee’s main focus was in the area of “Service provision in settings where older people live and congregate,” and the work was carried out largely in housing developments in and around Albuquerque. But the grantee also worked with the senior center located in Zuni Pueblo, a Native American reservation 150 miles west of Albuquerque. Thus this part of their project could be included in the “Reaching out to and engaging specific groups of overlooked or disenfranchised older adults” column. For the sake of simplicity, however, we included only the main focus of each grantee’s initiative in the Framework, not all aspects of the initiative.

We have also included a General Framework for Aging in Place programs (Table 3) with examples of the types of programs that fit under each goal. This can be used by other organizations to map their own initiatives.

I. Framework Goal: Broad-based community development and planning

Underlying the goal of broad-based community development and planning is the belief that communities should be responsive to the needs of residents across the entire lifespan—from children to older adults. Thus the focus in such projects is not necessarily on older adults or any other age group per se, but rather on ways to make the community environment more livable for all.

This approach is related to several concepts in urban planning and architecture, such as “smart growth” and “new urbanism.” These concepts oppose “suburban sprawl,” which may have been a desirable community design concept in the 1950’s and 1960’s, when young families wanted to live in the suburbs and gas was inexpensive. However over time, planners and architects began to see the downsides to sprawl, such as the predominance

of single family homes and limited choice in housing; overdependence on automobiles for mobility; segregated community functions (e.g. housing in one area, commercial centers in another area, parks and recreation opportunities somewhere else) rather than mixed-use development; neighborhoods that are not walkable (e.g. no sidewalks, too far from commercial centers); and the potential for isolation of some segments of the population, such as older adults and people who do not drive. With the majority of older adults in the U.S. now living in suburbs, the smart growth and new urbanism concepts have generated much interest beyond planning and architecture and have crept into the field of aging and beyond.¹³

Only one of the CIAIP grantees, the Atlanta Regional Commission, took a broad-based community development and planning approach with its initiative, *Building Lifelong Communities in South Cobb County*, and its pilot project, Lifelong Mableton, in the Atlanta suburb of Mableton. In the *Lifelong Mableton* project, ARC engaged residents in working with the project team to make Mableton a good place to live for seniors and children alike by encouraging changes in the built environment to make it more aging-friendly (the theory being that a place that's good for older people to live is a good place to live for everyone) and providing more opportunities for the generations to interact with one another. One of the key successes of this project in Mableton was the adoption of "form-based codes," which could help counteract single use zoning restrictions and allow for the development of other types of housing. A full description of this project and its outcomes can be found in [*Lifelong Mableton: A Pilot of Building Lifelong Communities in South Cobb County*](#), one of six grantee case studies prepared by the CIAIP TAG Team.

II. Framework Goal: Service provision in settings where older people live and congregate

Half of the CIAIP grantee projects fell within this Framework goal—which is not at all surprising considering that the organizations' core business is to provide services to older adults (and other populations), and service provision was encouraged in the AoA CIAIP Program Announcement. Grantee projects in this category included:

- Evidence-based programming, such as the Chronic Disease Self-

13. An excellent source for more information on this development, see "Livable Communities for Aging Populations: Urban Design for Longevity," by M. Scott Ball. New York: John Wiley & Sons, 2012.

Management Program (CDSMP), exercise programs, and others in senior centers and congregate housing sites

- Information and referral and/or more intensive case management or care coordination services
- Mental health counseling
- Volunteer-provided services and activities, such as home visiting, support groups, and rides from volunteer drivers
- Educational workshops on health-related topics
- Opportunities to socialize
- Advocacy training and support

A brief on grantees' experiences of implementing [evidence-based programs](#) was prepared by the TAG and can be found on the CIAIP website.

Providing services where older people live or congregate—rather than requiring people to travel to other locales to receive services—was seen as a more efficient and cost-effective method of reaching and assisting a large number of older adults. In addition, having staff members on site, in senior centers and/or housing sites, allowed providers to learn about older adults' life circumstances and needs *in situ* and gave older residents much more access to assistance than they would have had otherwise.

This method of facilitating aging in place is similar to supportive services programs in NORCs, where social work and health care related services, as well as educational and other types of programming, are provided where people live—usually subsidized apartment developments or neighborhoods with large concentrations of older adults and a central location, such as a community center, where many of the services can be delivered. Two of the CIAIP grantees (Atlanta Regional Commission and Jewish Family Service of Albuquerque) had previously been recipients of AoA grant funds to establish NORC supportive services programs in their communities. One of the grantees (NYC Department for the Aging) funds NORC supportive services programs in New York City, and their CIAIP project was conducted in four of those NORC sites.

Family Eldercare, the CIAIP grantee in Austin, TX, partnered with the Austin Housing Authority to provide information and referral, care coordination, and other services/programs to older adults on site, in subsidized apartment buildings. Their initiative is the subject of an in-depth case study that exemplifies aging in place projects included in CIAIP Framework Goal II.

III. Framework Goal: Building bridges across program and organizational “silos”

The social services community, the medical community, the aging community, and the disability community often lament that each seems to exist in its own separate “silo,” without much cross-sector collaboration. Even though they may have clients in common, share similar goals for these clients, and recognize the potential value of working together, there have been few incentives and opportunities to date to actually bridge organizational silos.¹⁴

Two CIAIP projects focused on bridging the gaps between sectors. The first, Seniors Count in Manchester, NH was designed to better link and integrate medical and social services. Noting that many of the issues that older patients face are not medical but social, the Seniors Count project aimed to address the social issues that often undermine older adults’ health, independence, and ability to age in place. The CIAIP grant funds allowed Seniors Count to hire care managers and embed them in two hospitals, a large physician practice, and an ADRC. The care managers provided a wide range of ongoing care management services to the highest need older patients and their caregivers, who were referred to Seniors Count by hospital, physician practice, and ADRC staff. Seniors Count supported patients and their caregivers by addressing their non-medical issues, including food access, home repair, transportation, and financial assistance, with the hope that such interventions would help patients stay in their homes longer and avoid re-hospitalizations and institutionalization. This project is the subject of an in-depth [case study](#) prepared by the CIAIP TAG.

The second project, Opting for Independence, sought to build a bridge across the divide between the aging and disability communities in Howard County, Maryland. People in both fields have long felt that they had many things in common and could form a strong alliance. The visionary Coordinating Center—an organization whose main clients have been younger people with disabilities—saw an opportunity in the CIAIP initiative to partner with the Howard County Office on Aging and its ADRC to share their different perspectives and learn from one another about such topics as person-centered care and the role that occupational therapy can play in helping older adults stay in their homes. The U.S. Administration for Community Living division of the U.S. Department of Health and Human Services, which now

14. This may change with the implementation of the Affordable Care Act.

combines the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability, will undoubtedly provide more opportunities for the aging and disability communities to work together.

IV. Framework Goal: Mobilizing human and social capital (volunteering and advocacy)

Most of the grantee projects included roles for volunteers, such as the Catholic Charities *Caring Communities* project in Tuolumne and Calaveras Counties in California, which counted on the involvement of volunteers to engage older adults on waiting lists for formal services in these under-resourced rural communities. However, only one of the CIAIP grantees, the City of Montpelier, VT, made the social engagement of community members the central focus of their initiative, using the Time Bank model—a twist on traditional volunteering with incentives and rewards for participating.

A Time Bank is a method of service exchange, where members provide services to other Time Bank members and “bank” time credits that they can then “spend” on obtaining services for themselves from other Time Bank members. Regardless of the type of service performed, each hour of service is equal. So if, for example, a member spends an hour shoveling snow for another Time Bank member, the person who shoveled the snow gets a one-hour credit, which he or she can redeem for an hour’s worth of service—any type of offered service—from any other member.

There are many Time Banks across the U.S. (a directory of Time Banks can be found at: <http://community.timebanks.org/>). To learn more about the City of Montpelier Time Bank, see the [case study](#) prepared by the TAG.

V. Framework Goal: Reaching out to and engaging specific groups of overlooked, underserved, or disenfranchised older adults

As with Goal IV above, most CIAIP grantees included underserved populations in their projects. But for the three grantees included in Goal V, outreach to overlooked, underserved, or disenfranchised older adults is their core business. The three populations include formerly homeless older adults (Boston); vulnerable Native American elders (Gakona); and LGBT seniors (L.A.).

The Elders Living at Home Program at Boston Medical Center has years of experience in helping to find permanent housing for homeless older adults. Their CIAIP project, *Services to Help At-Risk Elders (SHARE)*, was designed to stabilize formerly homeless older adults, who now live in permanent subsidized housing, by providing intensive care management and other services to ensure that they are able to remain in their homes. Formerly homeless older adults are generally a high-need population, and the SHARE project included a number of interventions that are helping them age in place. For more information on the SHARE project, see the [case study](#) prepared by the TAG.

Another high-need population is older Native Americans living on reservations in rural or frontier areas. The Mt. Sanford Tribal Consortium, located in Gakona, AK, is a consortium of two federally recognized Tribal Councils. The Mt. Sanford Tribal Consortium CIAIP project was carried out in the villages of Chistochina and Mentasta Lake, in eastern south-central Alaska. The villages are remote, with few opportunities for employment, and the population is poor. The CIAIP project mainly focused on providing a range of supports to the tiny older adult population, educating caregivers, and preserving the communities' cultural traditions, which are at risk of disappearing.

The third project in Goal V was conducted by the L.A. Gay and Lesbian Center. Their CIAIP initiative enabled the L.A. Gay and Lesbian Center to provide a range of enhanced services to lesbian, gay, bisexual, and transgender (LGBT) seniors as well as opportunities to expand their social networks. A key component of the project was to provide training to area health and human services providers to ensure that LGBT clients are treated with dignity and respect as they access support services from a range of providers.

Challenges and Lessons Learned from the CIAIP Initiative: Implementing Aging in Place Programs

CIAIP grantees and the TAG learned much in the process of implementing the CIAIP initiative. Challenges and lessons learned specific to individual grantee projects are included in the set of [case studies and briefs](#) on selected topics prepared by the TAG Team. Following is a sampling of lessons learned that reflect many of the CIAIP grantees' experiences.

1. Lesson learned: Sufficient time needs to be built into an aging in place project timeline for planning, developing partnerships, and correcting early mistakes.

While the CIAIP grantees included work plans and timelines in their proposals, many realized soon after receiving their grants that operationalizing their proposed activities was going to be more challenging than they had anticipated. Furthermore, in some cases grant writers from the grantees' parent organizations had prepared the CIAIP proposals with little input from the staff members who would actually be doing the work "on the ground." The CIAIP Program Announcement did not require applicants to include a formal planning period in the timelines they submitted along with their proposals. But once their grants were secured, many grantees found that they actually did need a planning period in order to translate what was said in their proposals into realistic, concrete steps that would lead them to their goals and objectives.

Some grantees found that conditions in their communities had changed in the interval between submitting their proposals and notification of the grant awards. In the case of one grantee, for example, the agreed upon partnership with another organization in the community, described in their proposal, had been rejected by new Board members who had joined the partner's Board in the interim, and the grantee had to make some fundamental changes to their plans. For some grantees the planning period lasted several months, delaying implementation of the project activities.

2. Lesson learned: A project's staffing needs may change over time; the people you hire at the beginning might not be the people you need later on.

Recruiting the right staff members for an aging in place project is something of a "Catch 22:" You need staff members to implement the project. But you may not know the kind of staff you need until implementation is underway. Many of the grantees faced this dilemma in the implementation of their CIAIP projects. For example, one CIAIP project director hired staff members already working in her organization, who were coming off other projects, and provided them with extensive training for their new roles in the CIAIP project. While it seemed logical at the time to stick with in-house employees

and build their skills, eventually the project director realized that they were not right for the job, despite the intense training they received, and she replaced them with outside hires. Staffing issues like these slowed down some of the projects, but grantees felt they were better off once the right people were in the right positions.

3. Lesson learned: Collaborations can be difficult; in many cases explicitly stating the terms of the partnership early on can help the partners avoid problems later.

Counting on a partnership only to learn that it has fallen through—as in the example cited in Lesson #1 above—is perhaps the worst partnership “surprise” that befell grantees. But grantees faced other partnership issues that complicated their project activities. In two cases, for example, the grantee organizations hired and paid the salaries of staff members who then worked for and were physically located in other partner organizations. While this arrangement made sense in the context of the grantees’ project goals, it raised a number of issues that needed to be resolved: Who was the staff member’s official supervisor—someone from the CIAIP grantee organization or from the partner organization? Whose conditions of employment was the staff member supposed to follow? If problems or conflicts arose, whose responsibility was it to resolve them? In one case, these issues became so thorny that the CIAIP grantee moved its staff members back into its own organization’s offices to minimize the ambiguity around the staff members’ employment status.

Many of the grantees’ partnerships worked very well, while others did not. Perhaps the most typical partnership issue the grantees faced was the unequal expectations that a grantee and its partners had about their partnership, which often ended in disappointment for one party or the other (or both). Writing an explicit contract with the partner that specifies expectations and details the division of labor and other interactions, as well as frequent contact with the partner to make sure the partnership is on track, may be the best ways to avoid partnership conflict and disappointment. Still, despite precautions, some partnerships just may not work as well as hoped. In cases where a partnership did not meet expectations, CIAIP grantees learned that it was possible to change the relationship without burning any bridges.

4. Lesson learned: When developing aging-related projects or programs, don't assume anything; talk to participants about their wants, needs, and thoughts, and keep the lines of communication open.

Many of the grantees found that the programs they offered in senior centers, housing developments, and other locations worked better when the specific needs or “wants” of the intended audience were taken into consideration. This may seem completely obvious, but it’s surprising how often this step is overlooked when organizations plan and deliver programs and services.

For several of the grantees, “know your audience” was like a mantra. They constantly interacted with their program participants, conducting surveys about participants’ preferences, asking them to evaluate program offerings, and perhaps most importantly, using that feedback to improve or change what they were doing. Some grantees that implemented their projects in multiple locations found that what worked in one place didn’t in another. Each location seemed to have its own “culture.” For example, one grantee that brought programming to many different housing sites in the community found that each of them had its own “vibe,” a complex mix of the place’s physical structure, the residents’ economic and health status, their social cohesiveness, and the degree of residents’ receptivity to programming brought to them by a third party, namely the CIAIP grantee organization. The grantee found that the degree of participation in the programs varied greatly by housing site, and they had to adjust their activities and expectations accordingly. At one site, for example, the grantee found that resident-initiated activities were actually more popular than those initiated by the grantee agency.

In a couple of cases, the grantees found that their enthusiasm for implementing aging-related activities was not shared, at least initially, by the communities where they were working. For example, in the community where one CIAIP grantee worked with local organizations to make the community more “aging friendly,” some residents worried that an emphasis on aging would send the wrong message. While they were receptive to the idea of making the community more livable for older adults, residents did not want

to be known as a retirement community and, in fact, wanted to attract young families as well as help older residents age in place. Similarly, in a housing development where another grantee was providing wellness activities to seniors, the housing manager worried that the development was “beginning to look like an assisted living facility.” In both these cases, the CIAIP project directors, community residents, and others came to mutually beneficial solutions, but it took a good deal of communication and negotiation between the parties to get there.

5. Lesson learned: Evaluation must be consistent with program objectives and serve the purpose of the program.

In its CIAIP Funding Opportunity announcement, the Administration on Aging stated that applicants should: *Consider your data measurement, collection, reporting, and evaluation methodologies as AoA is particularly interested in funding innovative performance models that can demonstrate successful outcomes and that may be replicated by other organizations.*

Planning evaluation activities and carrying them out was a challenge for the grantees. In most cases, the grantee organizations did not have in-house evaluation expertise, so they took two basic approaches: 1) some grantees hired outside evaluation experts—academics in local universities or independent consultants—to help them with quantitative and qualitative evaluation, and 2) others did not engage experts, but conducted basic evaluation activities that they could do themselves.

Retaining an evaluation expert, while seemingly expedient, did not solve all evaluation challenges. In one case, for example, a professor at a nearby university was retained to conduct an evaluation of a grantee’s project, but it soon became clear that the professor was approaching the evaluation task as a research project—her *own* research interest, really—rather than as an evaluation process that would serve the needs and interests of the CIAIP grantee and its project. Consequently, the grantee and the professor parted ways and the grantee scaled back its evaluation plans. In another case, the CIAIP grantee retained a consulting company to do the evaluation work, but about a year into the project the grantee realized that the consultant did not understand

the grantee's project and the objectives the grantee was trying to achieve. Fortunately, the grantee was able to better explain the project objectives to the evaluator, who changed the data collection process accordingly. However, a year's worth of good data was lost because the consultant was not focused on the right measures—and the grantee had hesitated to question the evaluator's expertise.

For the evaluation component of their projects, virtually all of the grantees used some combination of the following evaluation techniques: 1) participant surveys; 2) “pre and post” measurements of participants' experiences, perceptions, and/or beliefs, usually in connection with their participation in evidence-based programs or other group activities; 3) participant interviews or focus groups; 4) observations of program activities, such as exercise or other classes; 5) stakeholder interviews; and 6) partnership surveys.

Grantees learned that their evaluation results were best used to inform and improve their practices, not to “prove” that one program has better outcomes than another or to demonstrate that participants showed dramatic improvements because they participated in a particular program. That kind of causal relationship is extremely difficult to demonstrate convincingly in community based programming focused on the health/social services arena because there are so many possible variables involved. See the [brief on evaluation](#) for more information.

Challenges and Lessons Learned from the CIAIP Initiative: Supporting Aging in Place Programs

As mentioned earlier, the TAG Team's two goals were to: 1) provide guidance and assistance to the CIAIP grantees as they implement their projects, and 2) share information and lessons learned with AoA, the aging network, and the public at large. As part of the second goal, the [briefs and case studies](#) prepared by the TAG Team include many lessons on specific topics that grantees and TAG members learned in the process of implementing the CIAIP projects. Following are some general observations and lessons that the TAG Team learned as it assisted grantees in implementing their projects.

6. Lesson learned: Grantees' organizational capacity and readiness to implement aging in place projects varied; thus expectations and assistance provided by the TAG Team also had to vary.

Some of the fourteen CIAIP grantees were part of larger organizations, while others were small, freestanding non-profit organizations, so it is not surprising that organizational capacity and readiness to implement aging in place projects varied among them. In addition, two grantees had significant prior funding focused on the same general area, which had given them time to plan and test certain program components. Generally speaking, grantee organizations with: a) a stable foundation and support from their parent organization; b) access to resources available in the community; c) previous experience in implementing similar types of projects; d) a history of working successfully with partners; e) a recognizable presence in the community; and f) a well thought out project idea were more likely to “hit the ground running” and make quick progress than organizations with more limited capacity.

The level of preparation and experience of staff members working on the CIAIP projects was also a key variable. Not surprisingly, resourceful staff members with experience in aging, disability, and/or long-term care, who had led similar projects before, were better equipped to steer the CIAIP projects, recognize the need for adjustments, make difficult decisions, and look for opportunities.

The variability in staff experience and grantees’ readiness to implement their CIAIP projects necessitated flexibility in the supports provided by the TAG Team; a *one size fits all* approach was not appropriate. Three factors especially helped the TAG Team develop a deep understanding of grantees and their projects and respond to different grantee needs:

- *Site visits.* The more the TAG learned about the grantees, the better it was able to serve them. In particular, site visits attended by TAG Team staff, consultants, and advisory committee members provided valuable opportunities to meet with grantees, their partners, participants in their programs, and other community stakeholders and learn about their projects from a variety of different perspectives.
- *AoA Program Officers.* Program officers were very much involved in the CIAIP project and supported not only the grantees but the TAG as well. They accompanied TAG members on site visits, participated in CIAIP group calls and a conference in Washington, and freely

shared their considerable knowledge and advice with the Team.

- *TAG Team structure.* With a core staff that managed the project, consultants and advisory group members at the ready to assist grantees, and access to other experts as needed, the TAG Team was able to draw on these resources in a variety of combinations to meet the specific needs of grantees.

7. Lesson learned: The most useful assistance involves concrete, “just in time” supports.

As busy professionals in just about any field can attest, timely and immediately relevant information is often the best kind of information. Similarly, in working with grantees, the TAG Team found that among the most useful supports for grantees were those that addressed the grantees’ immediate needs. Grantees had unlimited access to the TAG Team, and responses to their requests for assistance usually involved consultations with one or more TAG Team members, and/or referrals to other experts, about their specific needs, such as help in dealing with staffing issues, partnership problems, communication challenges, and evaluation questions. Timely, concrete supports, such as alerts about funding opportunities, recommendations for useful resources and effective practices, and introductions to potential partners, were also particularly helpful and allowed some grantees to access additional grant funding, learn about and adopt new practices, and develop new partnerships.

8. Lesson Learned: Organizations implementing aging in place programs can learn from one another and build a “community of practice.”

The CIAIP grantees and the TAG Team had several opportunities to meet in person. In the second year of the CIAIP grant program, the TAG Team organized a conference in Washington, DC for grantees, TAG Team members, AoA staff, CIAIP advisory group members, and invited guests. In addition, many of the grantees attended the annual meetings of the American Society on Aging (ASA), and the TAG Team, with the participation of these grantees, submitted proposals to the ASA and led sessions at those meetings on the grantees’ and TAG Team’s CIAIP work in each of the three years of

the grant program. These various meetings allowed grantees to get to know one another better, share their experiences and challenges, and brainstorm solutions.

In effect, the CIAIP grantees started a *community of practice* around the concept of aging in place, and after participating in the CIAIP initiative, many of the grantees have become national experts in various aspects of aging in place. Many organizations around the country are interested in the aging in place concept and would like to develop their own programs, but often do not know where to begin. We intend the CIAIP website to be a useful starting point and resource for organizations interested in aging in place, and CIAIP grantees can certainly be contacted for their expertise as well.

9. Lesson learned: Community based organizations often need a lot of assistance with evaluation.

As mentioned earlier, many of the grantees found the process of evaluating their projects particularly challenging. Consequently, this was an area where the TAG Team provided a good deal of assistance. This assistance consisted of: 1) advice and training provided by the TAG Team evaluation consultant, tailored to individual grantee needs; 2) an evaluation workshop that all grantees attended at the CIAIP conference; 3) discussions with evaluators hired by grantees during TAG Team site visits to grantee communities; and 4) discussions about evaluation issues during some monthly or bi-monthly conference calls.

While funders from both the public and private sectors are increasingly requiring community based grantee organizations to evaluate their programs or projects, most of these organizations do not have the needed evaluation expertise and, like the CIAIP grantees, either engage professionals to conduct an evaluation or try to do it themselves, when budgets are too small to cover the costs of evaluation.

The key evaluation question for community based organizations like the CIAIP grantees is, "Evaluation to what end?" For example, is the purpose to demonstrate that desirable change has taken place (e.g. more older adults are now getting flu shots as a result of our socialmarketing campaign), or to inform the organization's

practices (e.g. older adults were more likely to get a flu shot when their doctors recommended getting one, so next year we'll get the doctors more involved in the campaign), or perhaps both? Evaluation methodologies will be different depending on the answers to these questions, but in all cases, expectations about evaluation results should be realistic, and by and large, community based organizations should not be expected to do extensive or complex evaluation work for projects funded almost exclusively for service delivery. Experienced evaluators may assist community organizations to focus on realistic expectations, outcomes, and methodologies, given project goals and resources. (For more on evaluation, see [the evaluation brief](#).)

10. Lesson learned: Sustaining aging in place programs and services is not easy for community based organizations.

Although the AoA specified that grant funds provided by the AoA for the CIAIP initiative should be used for case management, health care management, education, socialization, volunteer opportunities, and other areas mentioned earlier in this brief, how exactly these funds should be used in each of these areas was left to the grantees—that is where the *innovation* came in. The obvious advantage of this approach for grantees was that they had much latitude in deciding how to spend the grant funds, and they were also allowed considerable flexibility to adjust aspects of their projects as they went along. The disadvantage, of course, is that in the “real world,” there are not many reliable funding streams to support the kind of work many of the grantees engaged in, and that fact certainly made sustaining the CIAIP work challenging. For example, there is no public or private funding stream dedicated to continuing support of organizations that want to develop “lifelong communities,” as the CIAIP grant funds allowed the Atlanta Regional Commission to do in Mableton. And there is no reliable funding stream that supports the intensive and unlimited case management provided to formerly homeless older adults by the Boston CIAIP grantee, no matter how worthwhile this work is.

Fortunately, many of the CIAIP grantees were able to leverage their CIAIP grants substantially and find other sources of support to sustain aspects of their work, if not their entire CIAIP projects. This support included grants from philanthropic and governmental

organizations, contracts with other non-profit organizations in their communities (and beyond), cost-sharing with partners, and new or ongoing financial support from the grantees' parent organizations. In addition, some grantees found that accessing existing community assets was an important way to leverage limited resources. For example, one grantee was able to transfer its case management clients to another non-profit organization in the community when that organization opened up more case management slots. This allowed the grantee to focus on sustaining other aspects of their CIAIP initiative, which they found to be more in line with their organizational goals. A [brief](#) prepared by the TAG Team on the topic of sustainability goes into more detail about grantees' specific sustainability strategies.

Discussion

The CIAIP initiative was a concerted effort to support innovative, community-based responses to the needs of older adults who want to age in place. While AoA received proposals from over 200 organizations in response to the CIAIP Program Announcement, due to resource limitations it was able to fund only 14 demonstration projects (and the Technical Assistance office). Opposing forces seem to be at work today: Need is growing among segments of the expanding older adult population, while at the same time resources to support them are shrinking. Put into supply and demand terms, the response to this demographic shift requires an *expansion of programs and services*, not a retrenchment, as well as the application of innovative ideas to support aging in place, particularly for the most at-risk older adults. While many of the CIAIP grantee activities were designed for older community residents at large, others specifically targeted those facing threats to their independence—people with suboptimal health and/or functioning as well as challenging life circumstances such as poverty, homelessness, and isolation, to name just a few. For older adults at risk, the services and programs offered by CIAIP grantees were a lifeline that enabled them to continue living in their homes and communities, as they wished.

This is important information to communicate to thought leaders and policymakers who may believe that older adults in the U.S. have access to a generous safety net and do not need additional supports. As the TAG Team members witnessed during site visits to the CIAIP grantees, there is wide variability in access to community supports for older adults; there are

resource rich communities that are able to offer a wide array of services and programs, but there are many more that are (or are in the process of becoming) resource poor. In addition to advocating for the expansion of available supports in resource-poor communities, stakeholders need to advocate for studies that can help determine which programs and services are the most effective in helping older adults age in place and disseminate best practices as broadly as possible.

A fringe benefit of the CIAIP program was the continuing education and professional growth it provided to staff members involved in the CIAIP projects. Staff members involved in CIAIP projects were able to add new skills and competencies to their repertoires, which they can pass along to their present and future colleagues. This is no small matter, since the field of aging, much like other fields, is facing the impending mass retirement of current professionals in the field, and there is some apprehension about the readiness of the next cohort to take the helm. It would not be an exaggeration to say that some of the staff members involved in the CIAIP project have become experts in the field by virtue of participating in the CIAIP initiative and will be able to serve as leaders and mentors to others.

To their great credit, many CIAIP grantees were able to leverage their CIAIP grants to obtain additional funding for their projects. This speaks to the importance that other national (and even international) funders, as well as local ones, attach to an organization's ability to compete successfully for a federal grant program. It also reflects the fact that, because of the CIAIP program, grantees were able to develop the expertise and confidence needed to set their sights higher, try new things, and go after funding opportunities that they might not have considered before. As a result, many of the grantees were able to sustain, and sometimes expand, aspects of their CIAIP projects beyond the CIAIP grant period.

The information about the CIAIP grantees, case studies on selected grantee projects, and briefs on common grantee experiences that can be found on the CIAIP website are intended to inform other organizations contemplating or already working on aging in place projects about some of the outcomes of the CIAIP initiative. Each community is unique, and aging in place solutions will vary from place to place. But there is much we can learn from one another on the path to becoming communities where older adults can live comfortably and securely, for as long as possible.

Table 1: CIAIP Grantees

Grantee Organization & Project Name	Location	Organization Type	Principal Partners for CIAIP Grant
Atlanta Regional Commission (ARC), Aging Services Division <i>Building Lifelong Communities in South Cobb County: Lifelong Mableton</i>	<u>Grantee:</u> Atlanta, GA <u>CIAIP Project:</u> Mableton, GA <u>Type:</u> Suburban	Area Agency on Aging (AAA), located within ARC, the area's Metropolitan Planning Organization	<ul style="list-style-type: none"> • Mableton Improvement Committee, a local citizens group • Cobb & Douglas Public Health, the local public health departments • Cobb County Department of Transportation • Cobb County Parks & Recreation • Cobb County Board of Commissioners • Cobb Public Schools • South Cobb Redevelopment Authority • AARP • Cobb Faith Partnership • Wellstar Health Systems, the local hospital system • Duany Plater-Zyberk & Co., an urban design and planning firm • South Cobb Business Association • Safe Routes to School • Mableton Community Day Coalition • Emory University' s Fuqua Center for Late-Life Depression
Boston Medical Center (BMC), Elders Living at Home Program <i>Services to Help At-Risk Elders (SHARE)</i>	<u>Grantee:</u> Boston, MA <u>CIAIP Project:</u> Subsidized apartment buildings, Boston <u>Type:</u> Urban	Division of BMC providing services to homeless, formerly homeless, and at-risk older adults	<ul style="list-style-type: none"> -Boston U. School of Medicine & School of Public Health -Boston Medical Center Food Pantry -Food for Free -Morville House -Boston Housing Authority
Catholic Charities of Kansas City-St. Joseph, Senior Care Division <i>Caring Communities Resource Centers</i>	<u>Grantee:</u> Kansas City, MO <u>CIAIP Project:</u> Six senior centers in and around K.C. <u>Type:</u> Urban & rural	Division of Catholic Charities providing health and social services to older adults and people with disabilities	<ul style="list-style-type: none"> -Six senior centers -Carondelet Health -Kansas City, MO Health Dept. -United Way
Catholic Charities, Diocese of Stockton, CA <i>Older Adults Outreach and Engagement Program</i>	<u>Grantee:</u> Stockton, CA <u>CIAIP Project:</u> Tuolumne & Calaveras Counties <u>Type:</u> Rural	Provider of various social services to families, frail elderly, immigrants & others in six Northern California counties	<ul style="list-style-type: none"> -Tuolumne County Behavioral Health Dept. -Calaveras County Behavioral Health Services -Area 12 Agency on Aging -Tuolumne and Calaveras Adult Protective Services - Calaveras County Volunteer Center - Tuolumne County Senior Center Services
City of Montpelier, VT	<u>Grantee</u> Montpelier, VT	City agency	<ul style="list-style-type: none"> -Faith in Action -Time Banks USA

<p><i>REACH Care Bank</i></p>	<p><u>CIAIP Project:</u> Montpelier & surrounding area</p> <p><u>Type:</u> Urban & rural</p>		<ul style="list-style-type: none"> - VT Cancer Survivor Network - RSVP - Council of VT Elders - Neighbor-2-Neighbor - Americorps - Montpelier High School - Central VT Council on Aging - Gross National Happiness USA - Vermont Center for Independent Living - VermontHealers.org - Montpelier Home Delivery - Green Mountain Self Advocates - COVE
<p>The Coordinating Center</p> <p><i>Opting for Independence</i></p>	<p><u>Grantee:</u> Millersville, MD</p> <p><u>CIAIP Project:</u> Six Howard County, MD zip codes</p> <p><u>Type:</u> Suburban</p>	<p>Provider of services to people with complex medical needs and disabilities</p>	<ul style="list-style-type: none"> - Howard County Office on Aging - Maryland Access Point (ADRC) - National Center for Creative Aging - Leadership Howard County - Howard County Arts Council - PATH (local advocacy group) - Howard County community colleges - Columbia Association Senior Advisory Council - Howard County Chapter of Retired Federal Employees - Howard County Council of Black Elders
<p>Easter Seals New Hampshire, Inc.</p> <p><i>Seniors Count</i></p>	<p><u>Grantee:</u> Manchester, NH</p> <p><u>CIAIP Project:</u> In and around Manchester</p> <p><u>Type:</u> Urban & Suburban</p>	<p>Provider of services to children, adults, and seniors with disabilities and special needs</p>	<ul style="list-style-type: none"> - Elliott Hospital - Dartmouth Hitchcock Physician Practice - ServiceLink ADRC - Easter Seals - Catholic Medical Center - Center on Aging & Community Living, University of New Hampshire
<p>Family Eldercare</p> <p><i>Elders Living Well</i></p>	<p><u>Grantee:</u> Austin, TX</p> <p><u>CIAIP Project:</u> Public & subsidized housing sites in Austin</p> <p><u>Type:</u> Urban</p>	<p>Provider of services to older adults, adults with disabilities, and caregivers</p>	<ul style="list-style-type: none"> - Area Agency on Aging of the Capital Area - Housing Authority of the City of Austin - Coming of Age-Austin Metro - Helping the Aging, Needy, and Disabled, Inc. - Meals on Wheels and More - New Connections - University of Texas Schools of Social Work & Nursing - AGE of Central Texas - Georgetown Housing Authority - Georgetown Aging Initiative - WeViva
<p>Jewish Family Service of New Mexico</p> <p><i>The Road to Wellness</i></p>	<p><u>Grantee:</u> Albuquerque, NM</p> <p><u>CIAIP Project:</u> Housing sites in and around Albuquerque; Fort Sumner; & Zuni Pueblo</p> <p><u>Type:</u></p>	<p>Provider of social services to families and older adults</p>	<ul style="list-style-type: none"> - NM Department of Health - NM Aging & Long Term Services Department - Metro, Non-Metro, and Indian Area Agencies on Aging (AAAs) - Fort Sumner Community Development Corp. - Selected housing providers and Resident Advisory Councils in Albuquerque & Rio Rancho - JCC Albuquerque (and others)

	Urban, suburban & rural		
L.A. Gay and Lesbian Center <i>LGBT Aging in Place Initiative</i>	<u>Grantee:</u> Los Angeles, CA <u>CIAIP Project:</u> Los Angeles <u>Type:</u> Urban	Provider of a wide array of services to LGBT community, including health, legal, and social services	<ul style="list-style-type: none"> - Azteca Project - California LGBT Aging Coalition - The Diversity Center - Equality California - Gay & Lesbian Elder Housing - Golden Rainbow Center-SAGE - Lambda Legal - International Institute of LA - Lavender Seniors of the East Bay - Leeza's Place LGBT Aging Alliance - LGBT Aging Alliance - LGBT Aging Project - Metropolitan Community Church of the Valley - National Center for Lesbian Rights - National LGBT Roundtable - Openhouse - SAGE - LA Gay & Lesbian Center Volunteers
Mt. Sanford Tribal Consortium <i>Alaska Native Aging in Place</i>	<u>Grantee:</u> Gakona, AK <u>CIAIP Project:</u> Two rural villages <u>Type:</u> Rural/frontier	Tribal consortium of two federally recognized Tribal Councils of Chistochina Village & Mentasta Lake Village	<ul style="list-style-type: none"> - Alzheimer's Resource of Alaska - Prince William Sound Community College - University of Alaska, Anchorage - Alaska Native Tribal Health Consortium - Alaska State Senior and Disabilities Services
Neighborhood Centers, Inc. <i>Houston Aging in Place Innovations (HAPI)</i>	<u>Grantee:</u> Bellaire, TX <u>CIAIP Project:</u> Three Houston neighborhoods with high concentration of older adults <u>Type:</u> Urban	Provider of services to youth and older adults	<ul style="list-style-type: none"> - Care for Elders - Gateway to Care - Houston Health & Human Services - Sheltering Arms - St. Luke's Episcopal Health Charities - Texas Dept. of Aging & Disability Services - Texas Dept. of Family & Protective Services - Texas Women's University - United Way - YWCA—Houston - Texas A & M School of Rural Public Health - Texas Southern University - Catholic Charities - Harris County Hospital District - City of Houston - Mental Health Mental Retardation of Harris County - Northwest Assistance Ministries - United Way of Greater Houston - Aging and Disability Resource Center - American Red Cross Harris County RIDES - Interfaith Volunteers of Southwest Houston - Houston METRO - Interfaith Ministries
New York City Department for the Aging <i>NORC Health Plus</i>	<u>Grantee:</u> New York, NY <u>CIAIP Project:</u> NORC Housing sites in four NYC	Area Agency on Aging (AAA)	<ul style="list-style-type: none"> - Mental Health Association NYC - Community Resource Exchange - Stanley Isaacs NORC - Beth Abraham NORC - CCNS NORC - Clearview NORC

	<p>boroughs</p> <p><u>Type:</u> Urban</p>		
<p>Supportive Women's Network</p> <p><i>Growing Healthy Lives Together</i></p>	<p><u>Grantee:</u> Philadelphia, PA</p> <p><u>CIAP Project:</u> Four senior subsidized housing developments in West Philadelphia</p> <p><u>Type:</u> Urban</p>	<p>Provider of support networks and services to older adults, primarily older women</p>	<ul style="list-style-type: none"> - The Food Trust - Agatston Urban Nutrition Initiative - Salvation Army - Presbys Inspired Life - Philadelphia Corporation for Aging - The Enterprise Center CDC - University of Pennsylvania, Division of Geriatric Medicine

Figure 2

CIAIP Technical Assistance Framework

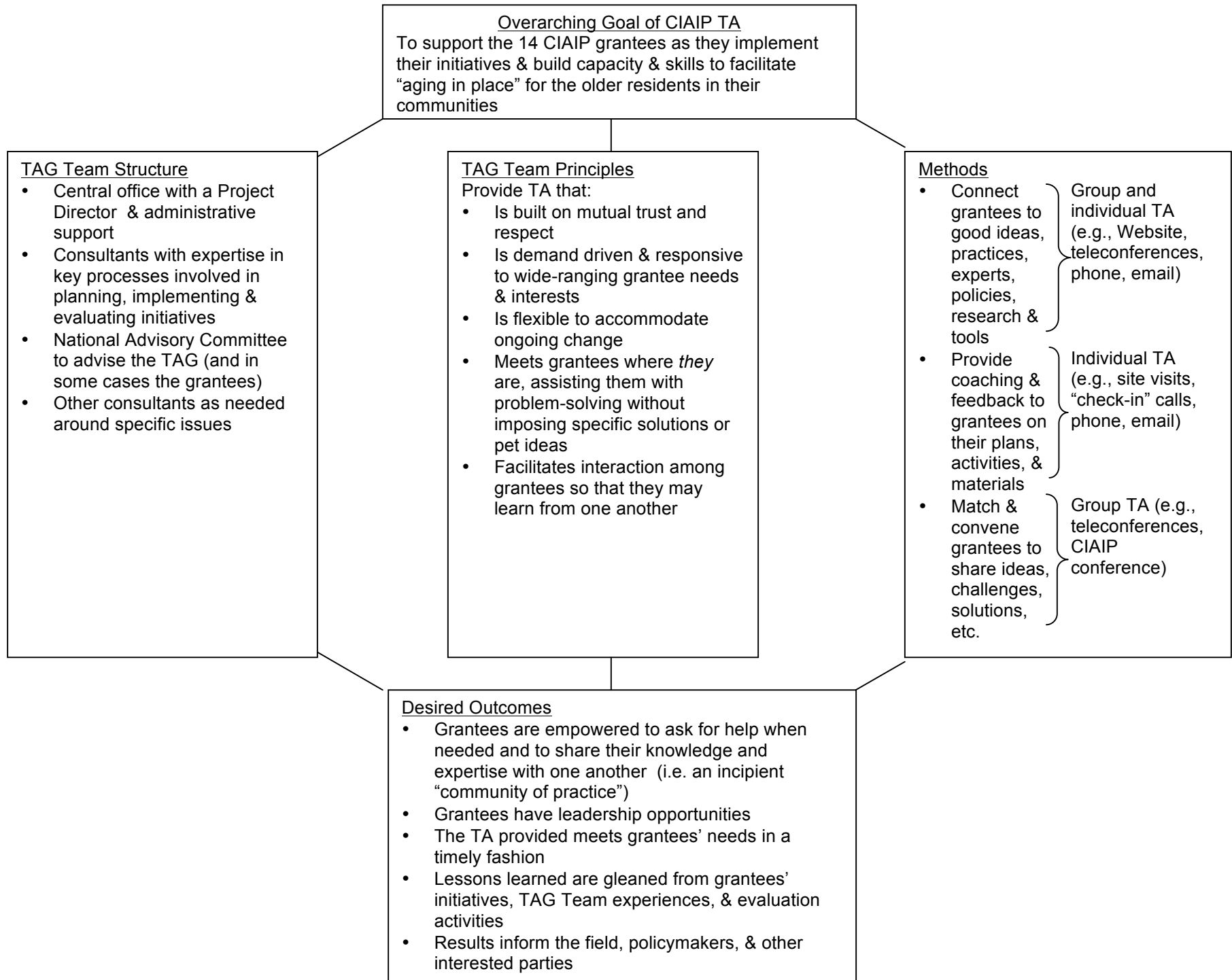


TABLE 2

CIAIP GRANTEE FRAMEWORK

PROGRAM TYPE	Broad-based community development & planning	Service provision in settings where older people live & congregate	Building bridges across program & organizational “silos”	Mobilizing human and social capital (e.g. volunteering & advocacy)	Reaching out to & engaging specific groups of overlooked or disenfranchised older adults
RATIONALE	Well-designed communities with sufficient, appropriate housing, transportation, service options & engaged residents are good places to live for people of all ages	Providing services & programs in housing developments & senior centers strengthens community supports for older people & presents economies of scale for providers	Developing cross-sector partnerships (e.g. with medical, housing, and/or transportation providers) helps ensure that at-risk older adults do not “fall through the cracks”	Mobilizing civic resources & community members of all ages helps fill in service gaps & strengthens social networks	Actively targeting often overlooked or underserved sub populations of older adults ensures that their needs are recognized & addressed
TARGET POPULATION	All community members, with an emphasis on older adults	Older adults living in congregate housing & those who attend senior centers	Vulnerable older adults transitioning from one setting to another or needing significant community-based social supports to age in place	Mobilizing human and social capital (e.g. volunteering & advocacy)	Reaching out to & engaging specific groups of overlooked or disenfranchised older adults
GRANTEE STRATEGIES	<ul style="list-style-type: none"> • Act as a catalyst for community change & engage diverse community sectors to support the “lifelong community” concept • Evaluate and encourage changes in the built environment to make it more “aging friendly” • Encourage residents to take leadership roles & increase their engagement in community life 	<ul style="list-style-type: none"> • Promote a community culture that supports aging in place • Engage housing providers & senior centers to implement services & programs that support the health & well-being of older adults • Collaborate with health care providers, educational institutions & others to enhance programs & services for older adults 	<ul style="list-style-type: none"> • Develop partnerships across sectors • Provide intensive care coordination to ensure that all of a client’s needs are met as long as needed • Implement “person-centered” model of care to ensure that decisions are made according to clients’ expressed goals • Transfer knowledge from one sector to another 	<ul style="list-style-type: none"> • Develop volunteer networks to benefit people of all ages, including older adults, who need help at home & to get around • Access existing community resources (including older adults, businesses, non-profit organizations) to expand volunteer capacity • Empower older adults and support them in advocating for themselves 	<ul style="list-style-type: none"> • Help the most at-risk older adults stay in their homes • Engage diverse populations and ensure that programs are tailored to fit their needs • Train local health & human services agencies to be sensitive to the needs of diverse populations • Expand social networks for these populations

TABLE 2: Mapping CIAIP Grantees onto the CIAIP Framework

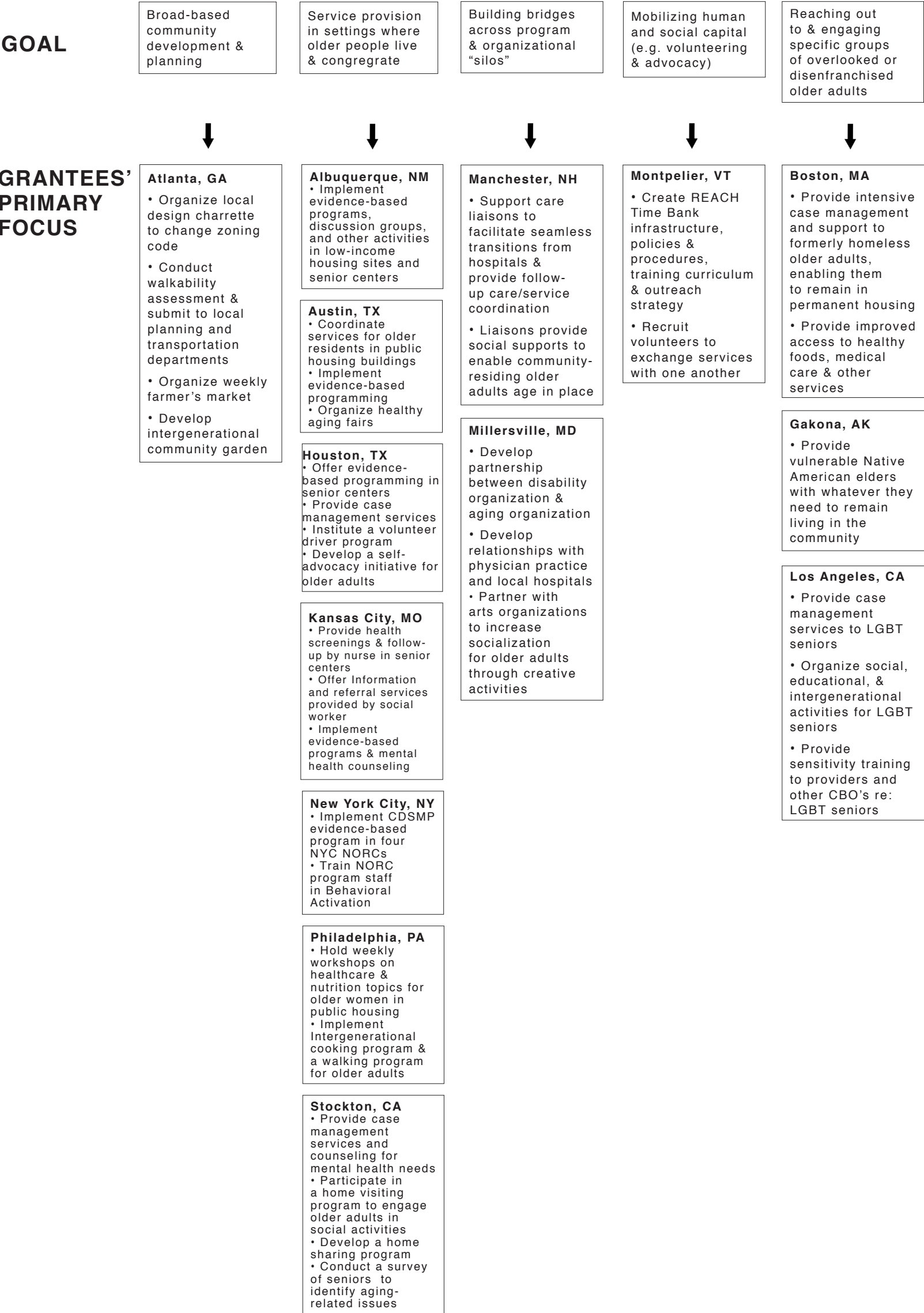


TABLE 3

AGING IN PLACE PROGRAMS GENERAL FRAMEWORK

